

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A.		08/29/01
O.I.P.E. CLASSIFIER		12	9/5
FORMALITY REVIEW	Onu	151	9.27.01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
5	11/5
6	11/18
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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